

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | BA       | 70385  |         |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          | RD       | 70029  | 5/14/10 |
| RESPONSE FORMALITY REVIEW |          |        | 6/23/10 |

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral) ..... Canceled    A ..... Appeal  
 + ..... Restricted                      O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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